



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN HEALTH RENSSELAER

City of Hospital: Rensselaer

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: David Ostheimer

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Medicare Provider Number: 151324

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$8651586
Outpatient Patient Service Revenue	\$73154104
Total Gross Patient Service Revenue	\$81805690

2. Deductions From Revenue

Contractual Allowance	\$46853635
Other Deductions	\$3048466
Total Deductions	\$49902101

3. Total Operating Revenue

Net Patient Service Revenue	\$31903590
Other Operating Revenue	\$2194104
Total Operating Revenue	\$34097694

4. Operating Expenses

Salaries and Wages	\$13450609	Employee Benefits	\$3681965
Depreciation and Amortization	\$3184157	Interest Expense	\$802857
Bad Debt	\$320918	Other Expenses	\$14545709
Total Operating Expenses	\$35986215		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1567602	Total Assets	\$26044376
Net Non-operating Gains over Loss	\$88457	Total Liabilities	\$20828238

Total Net Gains	\$-1479145
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$45251302	\$25341415	\$19909887
Medicaid	\$12373587	\$8184675	\$4188912
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$24180803	\$12631839	\$11548964
Total	\$81805692	\$46157929	\$35647763

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$4799	\$-4799

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$163	\$-163
Hospital Patients	\$0	\$0	\$0
Community Education	\$14583	\$114124	\$-99541

Number of Medical Professionals Trained	24
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	2865

Statement Six: Charity Statement

Hospital Charity Charges	\$3048466
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1228783	
HCI Payments	\$0		
Subtotal	\$0	\$1228783	\$-1228783
Medicaid Shortfalls	\$4492959	\$6393974	
Subtotal	\$4492959	\$7622757	\$-3129798
DSH Payments	\$0		
Subtotal	\$4492959	\$7622757	\$-3129798
Medicare Shortfalls	\$18813416	\$18581480	
Other Government Programs	\$0	\$0	
Total	\$23306375	\$26204237	\$-2897862

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$673398	\$1170245	\$-496847

Comments

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